Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS			20				1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			15 - minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 - minus 3 =		• (			X42=	<del> </del>	OR	X84=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					140	<del> </del>	-			
• 1	the difference	in column 1 is	less than zero, enter "0" in co			column 2	, I	+140=	<del> </del>	OR	+280=	-1/2	
CLAIMS AS AMENDED - PART II								TOTAL	L	JOR	TOTAL	770	
(Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUŚLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	<u>ر کے ا</u>	Minus	***		=	li	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
1-11								TOTAL		OR	YOTAL ADDIT, FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)	A	DDIT. FEE		1	ADDII. FEE	~	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 20	Minus					X\$ 9=		OR	X\$18=		
	Independent	· 2	Minus			-		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	1	
							L	YOTAL		OB	TOTAL		
		Al	DOIT. FEE		, ,	NDDIT. FEE <b>L</b>							
AMENDMENT C		(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Colum HIGHI NUME PREVIO PAID F	EST BER DUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	٠	Minus	**		=		X\$ 9=			X\$18≃	ree	
ME	Independent	•	Minus	***		=	ŀ	┈╌┼		OR			
4	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		ŀ	X42=		OR	X84=		
* If the entry in column 1 is less than the entry in column 2 years 20 in solumn 2										OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OTAL ADDIT. FEE  OR ADDIT. FEE												
		ber Previously Paid					r founi	d in the app	ropriate box	in calu	mn 1.		

Application or Docket Number